

**OFFICE OF COMMISSIONER OF INSURANCE**

COMMISSIONER OF INSURANCE • INDUSTRIAL LOAN COMMISSIONER • SAFETY FIRE COMMISSIONER

Ralph T. Hudgens, Commissioner**2 Martin Luther King Jr. Dr., Suite 707, West Tower, Atlanta, GA 30334****Phone: 404-656-2101 ♦ Fax: 404-656-0874 ♦ Email: agents@oci.ga.gov****www.oci.ga.gov****LIFE SETTLEMENT PRODUCER REGISTRATION****AGENTS LICENSING
GID-AL-LS-1 JUL2012**

1. Name of Licensed Producer _____
(First) (Middle) (Last)
2. Social Security Number _____
3. License Number _____ Resident State _____
4. Resident Address _____
(Street and Number)

(City) (State) (Zip)
5. Business Address _____
(Include Business Name, Street and Suite Number)

(City) (State) (Zip)
6. Full Name of Life Settlement Provider _____
*If more than one Life Settlement Provider, attach a supplement providing all required information.
7. Address of Life Settlement Provider _____
(Street and Suite Number)

(City) (State) (Zip)

Effective 1-1-2012, the Citizenship Affidavit Form GID-276-EN must be submitted with this registration for processing.

I hereby certify that all information provided in this application, form GID-AL-LS-1, is true and correct to the best of my knowledge and belief. I further certify that I have read O.C.G.A. 33-59 and will operate in accordance with this chapter.

Signature of Producer

Filing fee: \$50 - Make check or money order payable to: Georgia Insurance Department

ADDRESS TO REMIT BY MAIL:**Georgia Dept. of Insurance-Agents Licensing Division, P.O. Box 935132, Atlanta, GA 31193-5132****ADDRESS TO REMIT BY COURIER:****Wachovia Bank, Georgia Dept. of Insurance-Agents Licensing Division, Lockbox 935132, 3585 Atlanta Ave, Hapeville, GA 30354**